

26-8a-101. Title.

This chapter is known as the "Utah Emergency Medical Services System Act."

Enacted by Chapter 141, 1999 General Session

26-8a-102. Definitions.

As used in this chapter:

- (1) (a) "911 ambulance or paramedic services" means:
 - (i) either:
 - (A) 911 ambulance service;
 - (B) 911 paramedic service; or
 - (C) both 911 ambulance and paramedic service; and
 - (ii) a response to a 911 call received by a designated dispatch center that receives 911 or E911 calls.
- (b) "911 ambulance or paramedic service" does not mean a seven or ten digit telephone call received directly by an ambulance provider licensed under this chapter.
- (2) "Ambulance" means a ground, air, or water vehicle that:
 - (a) transports patients and is used to provide emergency medical services; and
 - (b) is required to obtain a permit under Section 26-8a-304 to operate in the state.
- (3) "Ambulance provider" means an emergency medical service provider that:
 - (a) transports and provides emergency medical care to patients; and
 - (b) is required to obtain a license under Part 4, Ambulance and Paramedic Providers.
- (4) "Committee" means the State Emergency Medical Services Committee created by Section 26-1-7.
- (5) "Direct medical observation" means in-person observation of a patient by a physician, registered nurse, physician's assistant, or individual certified under Section 26-8a-302.
- (6) "Emergency medical condition" means:
 - (a) a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
 - (i) placing the individual's health in serious jeopardy;
 - (ii) serious impairment to bodily functions; or
 - (iii) serious dysfunction of any bodily organ or part; or
 - (b) a medical condition that in the opinion of a physician or his designee requires direct medical observation during transport or may require the intervention of an individual certified under Section 26-8a-302 during transport.
- (7) "Emergency medical service personnel":
 - (a) means an individual who provides emergency medical services to a patient and is required to be certified under Section 26-8a-302; and
 - (b) includes a paramedic, medical director of a licensed emergency medical service provider, emergency medical service instructor, and other categories established by the committee.

- (8) "Emergency medical service providers" means:
- (a) licensed ambulance providers and paramedic providers;
 - (b) a facility or provider that is required to be designated under Section 26-8a-303; and
 - (c) emergency medical service personnel.
- (9) "Emergency medical services" means medical services, transportation services, or both rendered to a patient.
- (10) "Emergency medical service vehicle" means a land, air, or water vehicle that is:
- (a) maintained and used for the transportation of emergency medical personnel, equipment, and supplies to the scene of a medical emergency; and
 - (b) required to be permitted under Section 26-8a-304.
- (11) "Governing body":
- (a) is as defined in Section 11-42-102; and
 - (b) for purposes of a "special service district" under Section 11-42-102, means a special service district that has been delegated the authority to select a provider under this chapter by the special service district's legislative body or administrative control board.
- (12) "Interested party" means:
- (a) a licensed or designated emergency medical services provider that provides emergency medical services within or in an area that abuts an exclusive geographic service area that is the subject of an application submitted pursuant to Part 4, Ambulance and Paramedic Providers;
 - (b) any municipality, county, or fire district that lies within or abuts a geographic service area that is the subject of an application submitted pursuant to Part 4, Ambulance and Paramedic Providers; or
 - (c) the department when acting in the interest of the public.
- (13) "Medical control" means a person who provides medical supervision to an emergency medical service provider.
- (14) "Non-911 service" means transport of a patient that is not 911 transport under Subsection (1).
- (15) "Paramedic provider" means an entity that:
- (a) employs emergency medical service personnel; and
 - (b) is required to obtain a license under Part 4, Ambulance and Paramedic Providers.
- (16) "Patient" means an individual who, as the result of illness or injury, meets any of the criteria in Section 26-8a-305.
- (17) "Political subdivision" means:
- (a) a city or town located in a county of the first or second class as defined in Section 17-50-501;
 - (b) a county of the first or second class;
 - (c) the following districts located in a county of the first or second class:
 - (i) a special service district created under Title 17D, Chapter 1, Special Service District Act; or
 - (ii) a local district under Title 17B, Limited Purpose Local Government Entities - Local Districts, for the purpose of providing fire protection, paramedic, and emergency

services;

- (d) areas coming together as described in Subsection 26-8a-405.2(2)(b)(ii);
- (e) an interlocal entity under Title 11, Chapter 13, Interlocal Cooperation Act; or
- (f) a special service district for fire protection service under Subsection

17D-1-201(9).

(18) "Trauma" means an injury requiring immediate medical or surgical intervention.

(19) "Trauma system" means a single, statewide system that:

(a) organizes and coordinates the delivery of trauma care within defined geographic areas from the time of injury through transport and rehabilitative care; and

(b) is inclusive of all prehospital providers, hospitals, and rehabilitative facilities in delivering care for trauma patients, regardless of severity.

(20) "Triage" means the sorting of patients in terms of disposition, destination, or priority. For prehospital trauma victims, triage requires a determination of injury severity to assess the appropriate level of care according to established patient care protocols.

(21) "Triage, treatment, transportation, and transfer guidelines" means written procedures that:

(a) direct the care of patients; and

(b) are adopted by the medical staff of an emergency patient receiving facility, trauma center, or an emergency medical service provider.

Amended by Chapter 246, 2013 General Session

26-8a-103. State Emergency Medical Services Committee -- Membership -- Expenses.

(1) The State Emergency Medical Services Committee created by Section 26-1-7 shall be composed of the following 16 members appointed by the governor, at least five of whom shall reside in a county of the third, fourth, fifth, or sixth class:

(a) five physicians licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act, as follows:

(i) one surgeon who actively provides trauma care at a hospital;

(ii) one rural physician involved in emergency medical care;

(iii) two physicians who practice in the emergency department of a general acute hospital; and

(iv) one pediatrician who practices in the emergency department or critical care unit of a general acute hospital or a children's specialty hospital;

(b) one representative from a private ambulance provider;

(c) one representative from an ambulance provider that is neither privately owned nor operated by a fire department;

(d) two chief officers from fire agencies operated by the following classes of licensed or designated emergency medical services providers: municipality, county, and fire district, provided that no class of medical services providers may have more than one representative under this Subsection (1)(d);

(e) one director of a law enforcement agency that provides emergency medical services;

(f) one hospital administrator;

- (g) one emergency care nurse;
- (h) one paramedic in active field practice;
- (i) one emergency medical technician in active field practice;
- (j) one certified emergency medical dispatcher affiliated with an emergency medical dispatch center; and
- (k) one consumer.

(2) (a) Except as provided in Subsection (2)(b), members shall be appointed to a four-year term beginning July 1.

(b) Notwithstanding Subsection (2)(a), the governor shall, at the time of appointment or reappointment, adjust the length of terms to ensure that the terms of committee members are staggered so that approximately half of the committee is appointed every two years.

(c) When a vacancy occurs in the membership for any reason, the replacement shall be appointed by the governor for the unexpired term.

(3) (a) Each January, the committee shall organize and select one of its members as chair and one member as vice chair. The committee may organize standing or ad hoc subcommittees, which shall operate in accordance with guidelines established by the committee.

(b) The chair shall convene a minimum of four meetings per year. The chair may call special meetings. The chair shall call a meeting upon request of five or more members of the committee.

(c) Nine members of the committee constitute a quorum for the transaction of business and the action of a majority of the members present is the action of the committee.

(4) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:

- (a) Section 63A-3-106;
- (b) Section 63A-3-107; and
- (c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.

(5) Administrative services for the committee shall be provided by the department.

Amended by Chapter 51, 2011 General Session

Amended by Chapter 297, 2011 General Session

26-8a-104. Committee powers.

The committee shall adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that:

- (1) establish certification and reciprocity requirements under Section 26-8a-302;
- (2) establish designation requirements under Section 26-8a-303;
- (3) promote the development of a statewide emergency medical services system under Section 26-8a-203;
- (4) establish insurance requirements for ambulance providers;
- (5) provide guidelines for requiring patient data under Section 26-8a-203;
- (6) establish criteria for awarding grants under Section 26-8a-207;

(7) establish requirements for the coordination of emergency medical services and the medical supervision of emergency medical service providers under Section 26-8a-306; and

(8) are necessary to carry out the responsibilities of the committee as specified in other sections of this chapter.

Amended by Chapter 382, 2008 General Session

26-8a-105. Department powers.

The department shall:

(1) coordinate the emergency medical services within the state;
(2) administer this chapter and the rules established pursuant to it;
(3) establish a voluntary task force representing a diversity of emergency medical service providers to advise the department and the committee on rules; and

(4) adopt rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:

(a) license ambulance providers and paramedic providers;
(b) permit ambulances and emergency medical response vehicles, including approving an emergency vehicle operator's course in accordance with Section 26-8a-304;
(c) establish application, submission, and procedural requirements for licenses, designations, certificates, and permits; and
(d) establish and implement the programs, plans, and responsibilities as specified in other sections of this chapter.

Amended by Chapter 350, 2013 General Session

26-8a-106. Waiver of rules.

(1) Upon application, the committee or department may waive the requirements of a rule it has adopted if:

(a) the person applying for the waiver satisfactorily demonstrates that:
(i) the waiver is necessary for a pilot project to be undertaken by the applicant;
(ii) in the particular situation, the requirement serves no beneficial public purpose; or

(iii) circumstances warrant that waiver of the requirement outweighs the public benefit to be gained by adherence to the rule; and

(b) for a waiver granted under Subsection (1)(a)(ii) or (iii), the committee or department:

(i) extends the waiver to similarly situated persons upon application; or
(ii) amends the rule to be consistent with the waiver.

(2) A waiver of education, licensing, or certification requirements may be granted to a veteran, as defined in Section 71-8-1, if the veteran:

(a) provides to the committee or department documentation showing military education and training in the field in which certification or licensure is sought; and
(b) successfully passes any examination required.

(3) No waiver may be granted under this section that is inconsistent with the

provisions of this chapter.

Amended by Chapter 181, 2011 General Session

26-8a-201. Public awareness efforts.

The department may:

- (1) develop programs to inform the public of the emergency medical service system; and
- (2) develop and disseminate emergency medical training programs for the public, which emphasize the prevention and treatment of injuries and illnesses.

Enacted by Chapter 141, 1999 General Session

26-8a-202. Emergency medical communications.

Consistent with federal law, the department is the lead agency for coordinating the statewide emergency medical service communication systems under which emergency medical personnel, dispatch centers, and treatment facilities provide medical control and coordination between emergency medical service providers.

Enacted by Chapter 141, 1999 General Session

26-8a-203. Data collection.

- (1) The committee shall specify the information that shall be collected for the emergency medical services data system established pursuant to Subsection (2).
- (2) The department shall establish an emergency medical services data system which shall provide for the collection of information, as defined by the committee, relating to the treatment and care of patients who use or have used the emergency medical services system.
- (3) Persons providing emergency medical services shall provide information to the department for the emergency medical services data system established pursuant to Subsection (2).

Amended by Chapter 297, 2011 General Session

26-8a-204. Disaster coordination plan.

The department shall develop and implement, in cooperation with state, federal, and local agencies empowered to oversee disaster response activities, plans to provide emergency medical services during times of disaster or emergency.

Enacted by Chapter 141, 1999 General Session

26-8a-205. Pediatric quality improvement program.

The department shall establish a pediatric quality improvement resource program.

Enacted by Chapter 141, 1999 General Session

26-8a-206. Personnel stress management program.

(1) The department shall develop and implement a statewide program to provide support and counseling for personnel who have been exposed to one or more stressful incidents in the course of providing emergency services.

(2) This program shall include:

(a) ongoing training for agencies providing emergency services and counseling program volunteers; and

(b) critical incident stress debriefing for personnel at no cost to the emergency provider.

Enacted by Chapter 141, 1999 General Session

26-8a-207. Emergency medical services grant program.

(1) (a) The department shall receive as dedicated credits the amount established in Section 51-9-403. That amount shall be transferred to the department by the Division of Finance from funds generated by the surcharge imposed under Title 51, Chapter 9, Part 4, Criminal Conviction Surcharge Allocation.

(b) Funds transferred to the department under this section shall be used for improvement of delivery of emergency medical services and administrative costs as described in Subsection (2)(a). Appropriations to the department for the purposes enumerated in this section shall be made from those dedicated credits.

(2) (a) The department may use the funds transferred to it under Subsection (1):

(i) to provide staff support; and

(ii) for other expenses incurred in:

(A) administration of grant funds; and

(B) other department administrative costs under this chapter.

(b) After funding staff support, administrative expenses, and trauma system development, the department and the committee shall make emergency medical services grants from the remaining funds received as dedicated credits under Subsection (1). A recipient of a grant under this Subsection (2)(b) shall actively provide emergency medical services within the state.

(c) The department shall distribute not less than 25% of the funds, with the percentage being authorized by a majority vote of the committee, as per capita block grants for use specifically related to the provision of emergency medical services to nonprofit prehospital emergency medical services providers that are either licensed or designated and to emergency medical services that are the primary emergency medical services for a service area. The department shall determine the grant amounts by prorating available funds on a per capita basis by county as described in department rule.

(d) The committee shall award the remaining funds as competitive grants for use specifically related to the provision of emergency medical services based upon rules established by the committee.

Amended by Chapter 297, 2011 General Session

Amended by Chapter 303, 2011 General Session

26-8a-208. Fees for training equipment rental, testing, and quality assurance reviews.

- (1) The department may charge fees, established pursuant to Section 26-1-6:
 - (a) for the use of department-owned training equipment;
 - (b) to administer tests and conduct quality assurance reviews; and
 - (c) to process an application for a certificate, designation, permit, or license.
- (2) (a) Fees collected under Subsections (1)(a) and (b) shall be separate dedicated credits.
- (b) Fees under Subsection (1)(a) may be used to purchase training equipment.
- (c) Fees under Subsection (1)(b) may be used to administer tests and conduct quality assurance reviews.

Amended by Chapter 391, 2010 General Session

26-8a-250. Establishment of statewide trauma system.

The department shall establish and actively supervise a statewide trauma system to:

- (1) promote optimal care for trauma patients;
- (2) alleviate unnecessary death and disability from trauma and emergency illness;
- (3) inform health care providers about trauma system capabilities;
- (4) encourage the efficient and effective continuum of patient care, including prevention, prehospital care, hospital care, and rehabilitative care; and
- (5) minimize the overall cost of trauma care.

Enacted by Chapter 305, 2000 General Session

26-8a-251. Trauma system advisory committee.

- (1) There is created within the department the trauma system advisory committee.
- (2) (a) The committee shall be comprised of individuals knowledgeable in adult or pediatric trauma care, including physicians, nurses, hospital administrators, emergency medical services personnel, government officials, consumers, and persons affiliated with professional health care associations.
- (b) Representation on the committee shall be broad and balanced among the health care delivery systems in the state with no more than three representatives coming from any single delivery system.
- (3) The committee shall:
 - (a) advise the department regarding trauma system needs throughout the state;
 - (b) assist the department in evaluating the quality and outcomes of the overall trauma system;
 - (c) review and comment on proposals and rules governing the statewide trauma system; and
 - (d) make recommendations for the development of statewide triage, treatment, transportation, and transfer guidelines.
- (4) The department shall:

- (a) determine, by rule, the term and causes for removal of committee members;
- (b) establish committee procedures and administration policies consistent with this chapter and department rule; and
- (c) provide administrative support to the committee.

Enacted by Chapter 305, 2000 General Session

26-8a-252. Department duties.

In connection with the statewide trauma system established in Section 26-8a-250, the department shall:

- (1) establish a statewide trauma system plan that:
 - (a) identifies statewide trauma care needs, objectives, and priorities;
 - (b) identifies the equipment, facilities, personnel training, and other things necessary to create and maintain a statewide trauma system; and
 - (c) organizes and coordinates trauma care within defined geographic areas;
- (2) support the statewide trauma system by:
 - (a) facilitating the coordination of prehospital, acute care, and rehabilitation services and providers through state regulation and oversight;
 - (b) facilitating the ongoing evaluation and refinement of the statewide trauma system;
 - (c) providing educational programs;
 - (d) encouraging cooperation between community organizations, health care facilities, public health officials, emergency medical service providers, and rehabilitation facilities for the development of a statewide trauma system;
 - (e) implementing a quality assurance program using information from the statewide trauma registry established pursuant to Section 26-8a-253;
 - (f) establishing trauma center designation requirements in accordance with Section 26-8a-254; and
 - (g) developing standards so that:
 - (i) trauma centers are categorized according to their capability to provide care;
 - (ii) trauma victims are triaged at the initial point of patient contact; and
 - (iii) trauma patients are sent to appropriate health care facilities.

Enacted by Chapter 305, 2000 General Session

26-8a-253. Statewide trauma registry and quality assurance program.

- (1) The department shall:
 - (a) establish and fund a statewide trauma registry to collect and analyze information on the incidence, severity, causes, and outcomes of trauma;
 - (b) establish, by rule, the data elements, the medical care providers that shall report, and the time frame and format for reporting;
 - (c) use the data collected to:
 - (i) improve the availability and delivery of prehospital and hospital trauma care;
 - (ii) assess trauma care delivery, patient care outcomes, and compliance with the requirements of this chapter and applicable department rules; and
 - (iii) regularly produce and disseminate reports to data providers, state

government, and the public; and

(d) support data collection and abstraction by providing:

(i) a data collection system and technical assistance to each hospital that submits data; and

(ii) funding or, at the discretion of the department, personnel for collection and abstraction for each hospital not designated as a trauma center under the standards established pursuant to Section 26-8a-254.

(2) (a) Each hospital shall submit trauma data in accordance with rules established under Subsection (1).

(b) A hospital designated as a trauma center shall submit data as part of the ongoing quality assurance program established in Section 26-8a-252.

(3) The department shall assess:

(a) the effectiveness of the data collected pursuant to Subsection (1); and

(b) the impact of the statewide trauma system on the provision of trauma care.

(4) Data collected under this section shall be subject to Chapter 3, Health Statistics.

(5) No person may be held civilly liable for having provided data to the department in accordance with this section.

Amended by Chapter 297, 2011 General Session

26-8a-254. Trauma center designations and guidelines.

(1) The department, after seeking the advice of the trauma system advisory committee, shall establish by rule:

(a) trauma center designation requirements; and

(b) model state guidelines for triage, treatment, transportation, and transfer of trauma patients to the most appropriate health care facility.

(2) The department shall designate as a trauma center each hospital that:

(a) voluntarily requests a trauma center designation; and

(b) meets the applicable requirements established pursuant to Subsection (1).

Enacted by Chapter 305, 2000 General Session

26-8a-301. General requirement.

(1) Except as provided in Section 26-8a-308 or 26-8b-201:

(a) an individual may not provide emergency medical services without a certificate issued under Section 26-8a-302;

(b) a facility or provider may not hold itself out as a designated emergency medical service provider without a designation issued under Section 26-8a-303;

(c) a vehicle may not operate as an ambulance or emergency response vehicle without a permit issued under Section 26-8a-304; and

(d) an entity may not respond as an ambulance or paramedic provider without the appropriate license issued under Part 4, Ambulance and Paramedic Providers.

(2) Section 26-8a-502 applies to violations of this section.

Amended by Chapter 22, 2009 General Session

26-8a-302. Certification of emergency medical service personnel.

(1) To promote the availability of comprehensive emergency medical services throughout the state, the committee shall establish:

(a) initial and ongoing certification and training requirements for emergency medical service personnel in the following categories:

- (i) paramedic;
- (ii) medical director;
- (iii) emergency medical service instructor; and
- (iv) other types of emergency medical personnel as the committee considers necessary; and

(b) guidelines for giving credit for out-of-state training and experience.

(2) The department shall, based on the requirements established in Subsection (1):

(a) develop, conduct, and authorize training and testing for emergency medical service personnel; and

(b) issue certifications and certification renewals to emergency medical service personnel.

(3) As provided in Section 26-8a-502, an individual issued a certificate under this section may only provide emergency medical services to the extent allowed by the certificate.

Enacted by Chapter 141, 1999 General Session

26-8a-303. Designation of emergency medical service providers.

(1) To ensure quality emergency medical services, the committee shall establish designation requirements for emergency medical service providers in the following categories:

- (a) quick response provider;
- (b) resource hospital for emergency medical providers;
- (c) emergency medical service dispatch center;
- (d) emergency patient receiving facilities; and
- (e) other types of emergency medical service providers as the committee considers necessary.

(2) The department shall, based on the requirements in Subsection (1), issue designations to emergency medical service providers listed in Subsection (1).

(3) As provided in Section 26-8a-502, an entity issued a designation under Subsection (1) may only function and hold itself out in accordance with its designation.

Enacted by Chapter 141, 1999 General Session

26-8a-304. Permits for emergency medical service vehicles.

(1) (a) To ensure that emergency medical service vehicles are adequately staffed, safe, maintained, properly equipped, and safely operated, the committee shall establish permit requirements at levels it considers appropriate in the following categories:

- (i) ambulance; and

(ii) emergency medical response vehicle.

(b) The permit requirements under this Subsection (1) shall include a requirement that beginning on or after January 31, 2014, every operator of an ambulance or emergency medical response vehicle annually provide proof of the successful completion of an emergency vehicle operator's course approved by the department for all ambulances and emergency medical response vehicle operators.

(2) The department shall, based on the requirements established in Subsection (1), issue permits to emergency medical service vehicles.

Amended by Chapter 350, 2013 General Session

26-8a-305. Ambulance license required for emergency medical transport.

Except as provided in Section 26-8a-308, only an ambulance operating under a permit issued under Section 26-8a-304 may transport an individual who:

- (1) is in an emergency medical condition;
- (2) is medically or mentally unstable, requiring direct medical observation during transport;
- (3) is physically incapacitated because of illness or injury and in need of immediate transport by emergency medical service personnel;
- (4) is likely to require medical attention during transport;
- (5) is being maintained on any type of emergency medical electronic monitoring;
- (6) is receiving or has recently received medications that could cause a sudden change in medical condition that might require emergency medical services;
- (7) requires IV administration or maintenance, oxygen that is not patient-operated, or other emergency medical services during transport;
- (8) needs to be immobilized during transport to a hospital, an emergency patient receiving facility, or mental health facility due to a mental or physical condition, unless the individual is in the custody of a peace officer and the primary purpose of the restraint is to prevent escape;
- (9) needs to be immobilized due to a fracture, possible fracture, or other medical condition; or
- (10) otherwise requires or has the potential to require a level of medical care that the committee establishes as requiring direct medical observation.

Enacted by Chapter 141, 1999 General Session

26-8a-306. Medical control.

(1) The committee shall establish requirements for the coordination of emergency medical services rendered by emergency medical service providers, including the coordination between prehospital providers, hospitals, emergency patient receiving facilities, and other appropriate destinations.

(2) The committee may establish requirements for the medical supervision of emergency medical service providers to assure adequate physician oversight of emergency medical services and quality improvement.

Enacted by Chapter 141, 1999 General Session

26-8a-307. Patient destination.

(1) If an individual being transported by a ground or air ambulance is in critical or unstable condition, the ground or air ambulance shall transport the patient to the trauma center or closest emergency patient receiving facility appropriate to adequately treat the patient.

(2) If the patient's condition is not critical or unstable as determined by medical control, the ground or air ambulance may transport the patient to the:

(a) hospital, emergency patient receiving facility, or other medical provider chosen by the patient and approved by medical control as appropriate for the patient's condition and needs; or

(b) nearest hospital, emergency patient receiving facility, or other medical provider approved by medical control as appropriate for the patient's condition and needs if the patient expresses no preference.

Enacted by Chapter 141, 1999 General Session

26-8a-308. Exemptions.

(1) The following persons may provide emergency medical services to a patient without being certified or licensed under this chapter:

(a) out-of-state emergency medical service personnel and providers in time of disaster;

(b) an individual who gratuitously acts as a Good Samaritan;

(c) a family member;

(d) a private business if emergency medical services are provided only to employees at the place of business and during transport;

(e) an agency of the United States government if compliance with this chapter would be inconsistent with federal law; and

(f) police, fire, and other public service personnel if:

(i) emergency medical services are rendered in the normal course of the person's duties; and

(ii) medical control, after being apprised of the circumstances, directs immediate transport.

(2) An ambulance or emergency response vehicle may operate without a permit issued under Section 26-8a-304 in time of disaster.

(3) Nothing in this chapter or Title 58, Occupations and Professions, may be construed as requiring a license or certificate for an individual to administer cardiopulmonary resuscitation or to use a fully automated external defibrillator under Section 26-8b-201.

(4) Nothing in this chapter may be construed as requiring a license, permit, designation, or certificate for an acute care hospital, medical clinic, physician's office, or other fixed medical facility that:

(a) is staffed by a physician, physician's assistant, nurse practitioner, or registered nurse; and

(b) treats an individual who has presented himself or was transported to the hospital, clinic, office, or facility.

Amended by Chapter 22, 2009 General Session

26-8a-309. Out-of-state vehicles.

(1) An ambulance or emergency response vehicle from another state may not pick up a patient in Utah to transport that patient to another location in Utah or to another state without a permit issued under Section 26-8a-304 and, in the case of an ambulance, a license issued under Part 4, Ambulance and Paramedic Providers.

(2) Notwithstanding Subsection (1), an ambulance or emergency response vehicle from another state may, without a permit or license:

- (a) transport a patient into Utah; and
- (b) provide assistance in time of disaster.

(3) The department may enter into agreements with ambulance and paramedic providers and their respective licensing agencies from other states to assure the expeditious delivery of emergency medical services beyond what may be reasonably provided by licensed ambulance and paramedic providers, including the transportation of patients between states.

Enacted by Chapter 141, 1999 General Session

26-8a-310. Criminal background check.

(1) At the time of application for, or renewal of, a certificate, the department shall obtain, at the applicant's expense, information from a criminal history record or warrant of arrest information maintained by the Department of Public Safety pursuant to Title 53, Chapter 10, Part 2, Bureau of Criminal Identification, to determine whether the individual has been convicted of a crime that bears upon the individual's fitness to be certified or to have responsibility for the safety and well-being of children, the elderly, or persons with disabilities.

(2) (a) An applicant who has not had residency in the state for the last five years shall submit fingerprints and other identifying information.

(b) The department shall submit fingerprints obtained under Subsection (2)(a) to the Department of Public Safety to be forwarded to the Federal Bureau of Investigation for a nationwide criminal history record check to determine whether the individual has been convicted of a crime that bears upon the individual's fitness to be certified or to have responsibility for the safety and well-being of children, the elderly, or persons with disabilities.

(3) The department shall have access to juvenile court records to determine whether the applicant has been adjudicated in juvenile court of committing an act which if committed by an adult would be a felony or misdemeanor and that bears upon the applicant's fitness to be certified or to have responsibility for the safety and well-being of children, the elderly, or persons with disabilities if:

- (a) the applicant is under the age of 28; or
- (b) the applicant is over the age of 28 and has been convicted, has pleaded no contest, or is currently subject to a plea in abeyance or diversion agreement for a felony or misdemeanor.

(4) Information obtained pursuant to Subsections (1) through (3) may be used to:

- (a) withhold certification or renewal;
 - (b) commence or substantiate disciplinary action under Section 26-8a-503;
 - (c) enforce the provisions of this chapter; and
 - (d) notify the individual's employer as necessary to protect the public.
- (5) The department shall adopt rules under Title 63G, Chapter 3, Utah

Administrative Rulemaking Act, consistent with this chapter, defining the circumstances under which an applicant who has been convicted of a criminal offense may receive a certification under this chapter.

Amended by Chapter 382, 2008 General Session

26-8a-401. State regulation of emergency medical services market.

(1) To ensure emergency medical service quality and minimize unnecessary duplication, the department shall regulate the emergency medical service market after October 1, 1999, by creating and operating a statewide system that:

(a) consists of exclusive geographic service areas as provided in Section 26-8a-402; and

(b) establishes maximum rates as provided in Section 26-8a-403.

(2) (a) All licenses issued prior to July 1, 1996, shall expire as stated in the license.

(b) If no expiration date is stated on a license issued before July 1, 1996, the license shall expire on October 1, 1999, unless:

(i) the license holder requests agency action before August 1, 1999; and

(ii) before October 1, 1999, the department:

(A) finds the license has been used as the basis for responding to requests for ambulance or paramedic services during the past five years;

(B) identifies one or more specific geographic areas covered by the license in which the license holder has actively and adequately responded as the primary provider to requests for ambulance or paramedic services during the past five years; and

(C) determines that the continuation of a license in a specific geographic area identified in Subsection (2)(b)(ii)(B) satisfies:

(I) the standards established pursuant to Subsection 26-8a-404(2); and

(II) the requirement of public convenience and necessity.

(c) If the department finds that a license meets the requirements of Subsection (2)(b), the department shall amend the license to reflect:

(i) the specific geographic area of the license; and

(ii) a four-year term extension.

(d) Before July 1, 1999, the department shall publish notice once a week for four consecutive weeks of the expiration of licenses pursuant to Subsection (2)(b) in a newspaper of general circulation in the state.

(e) Nothing in this Subsection (2) may be construed as restricting the authority of the department to amend overlapping licenses pursuant to Section 26-8a-416.

(3) After October 1, 1999, new licenses and license renewals shall be for a four-year term.

Enacted by Chapter 141, 1999 General Session

26-8a-402. Exclusive geographic service areas.

(1) Each ground ambulance provider license issued under this part shall be for an exclusive geographic service area as described in the license. Only the licensed ground ambulance provider may respond to an ambulance request that originates within the provider's exclusive geographic service area, except as provided in Subsection (5) and Section 26-8a-416.

(2) Each paramedic provider license issued under this part shall be for an exclusive geographic service area as described in the license. Only the licensed paramedic provider may respond to a paramedic request that originates within the exclusive geographic service area, except as provided in Subsection (6) and Section 26-8a-416.

(3) Nothing in this section may be construed as either requiring or prohibiting that the formation of boundaries in a given location be the same for a licensed paramedic provider as it is for a licensed ambulance provider.

(4) (a) A licensed ground ambulance or paramedic provider may, as necessary, enter into a mutual aid agreement to allow another licensed provider to give assistance in times of unusual demand, as that term is defined by the committee in rule.

(b) A mutual aid agreement shall include a formal written plan detailing the type of assistance and the circumstances under which it would be given.

(c) The parties to a mutual aid agreement shall submit a copy of the agreement to the department.

(d) Notwithstanding this Subsection (4), a licensed provider may not subcontract with another entity to provide services in the licensed provider's exclusive geographic service area.

(5) Notwithstanding Subsection (1), a licensed ground ambulance provider may respond to an ambulance request that originates from the exclusive geographic area of another provider:

(a) pursuant to a mutual aid agreement;

(b) to render assistance on a case-by-case basis to that provider; and

(c) as necessary to meet needs in time of disaster or other major emergency.

(6) Notwithstanding Subsection (2), a licensed paramedic provider may respond to a paramedic request that originates from the exclusive geographic area of another provider:

(a) pursuant to a mutual aid agreement;

(b) to render assistance on a case-by-case basis to that provider; and

(c) as necessary to meet needs in time of disaster or other major emergency.

Amended by Chapter 1, 2000 General Session

26-8a-403. Establishment of maximum rates.

(1) The department shall, after receiving recommendations under Subsection (2), establish maximum rates for ground ambulance providers and paramedic providers that are just and reasonable.

(2) The committee may make recommendations to the department on the maximum rates that should be set under Subsection (1).

(3) (a) The department shall prohibit ground ambulance providers and

paramedic providers from charging fees for transporting a patient when the provider does not transport the patient.

(b) The provisions of Subsection (3)(a) do not apply to ambulance providers or paramedic providers in a geographic service area which contains a town as defined in Subsection 10-2-301(2)(f).

Amended by Chapter 209, 2006 General Session

26-8a-404. Ground ambulance and paramedic licenses -- Application and department review.

(1) Except as provided in Section 26-8a-413, an applicant for a ground ambulance or paramedic license shall apply to the department for a license only by:

- (a) submitting a completed application;
- (b) providing information in the format required by the department; and
- (c) paying the required fees, including the cost of the hearing officer.

(2) The department shall make rules establishing minimum qualifications and requirements for:

- (a) personnel;
- (b) capital reserves;
- (c) equipment;
- (d) a business plan;
- (e) operational procedures;
- (f) medical direction agreements;
- (g) management and control; and

(h) other matters that may be relevant to an applicant's ability to provide ground ambulance or paramedic service.

(3) An application for a license to provide ground ambulance service or paramedic service shall be for all ground ambulance services or paramedic services arising within the geographic service area, except that an applicant may apply for a license for less than all ground ambulance services or all paramedic services arising within an exclusive geographic area if it can demonstrate how the remainder of that area will be served.

(4) (a) A ground ambulance service licensee may apply to the department for a license to provide a higher level of service as defined by department rule if:

(i) the application for the license is limited to non-911 ambulance or paramedic services; and

(ii) the application includes:

(A) a copy of the new treatment protocols for the higher level of service approved by the off-line medical director;

(B) an assessment of field performance by the applicant's off-line director; and

(C) an updated plan of operation demonstrating the ability of the applicant to provide the higher level of service.

(b) If the department determines that the applicant has demonstrated the ability to provide the higher level of service in accordance with Subsection (4)(a), the department shall issue a revised license reflecting the higher level of service and the requirements of Section 26-8a-408 do not apply.

(5) Upon receiving a completed application and the required fees, the department shall review the application and determine whether the application meets the minimum qualifications and requirements for licensure.

(6) The department may deny an application if it finds that it contains any materially false or misleading information, is incomplete, or if the application demonstrates that the applicant fails to meet the minimum qualifications and requirements for licensure under Subsection (2).

(7) If the department denies an application, it shall notify the applicant in writing setting forth the grounds for the denial. A denial may be appealed under Title 63G, Chapter 4, Administrative Procedures Act.

Amended by Chapter 382, 2008 General Session

26-8a-405. Ground ambulance and paramedic licenses -- Agency notice of approval.

(1) Beginning January 1, 2004, if the department determines that the application meets the minimum requirements for licensure under Section 26-8a-404, the department shall issue a notice of the approved application to the applicant.

(2) A current license holder responding to a request for proposal under Section 26-8a-405.2 is considered an approved applicant for purposes of Section 26-8a-405.2 if the current license holder, prior to responding to the request for proposal, submits the following to the department:

(a) the information required by Subsection 26-8a-404(4)(a)(ii); and

(b) if the license holder is a private entity, a financial statement, a pro forma budget and necessary letters of credit demonstrating a financial ability to expand service to a new service area; or

(c) if the license holder is a governmental entity, a letter from the governmental entity's governing body demonstrating the governing body's willingness to financially support the application.

Amended by Chapter 213, 2003 General Session

26-8a-405.1. Selection of provider by political subdivision.

(1) (a) Only an applicant approved under Section 26-8a-405 may respond to a request for a proposal issued in accordance with Section 26-8a-405.2 or Section 26-8a-405.4 by a political subdivision.

(b) A response to a request for proposal is subject to the maximum rates established by the department under Section 26-8a-403.

(c) A political subdivision may award a contract to an applicant in response to a request for proposal:

(i) in accordance with Section 26-8a-405.2; and

(ii) subject to Subsection (2).

(2) (a) The department shall issue a license to an applicant selected by a political subdivision under Subsection (1) unless the department finds that issuing a license to that applicant would jeopardize the health, safety, and welfare of the citizens of the geographic service area.

- (b) A license issued under this Subsection (2):
 - (i) is for the exclusive geographic service area approved by the department in accordance with Subsection 26-8a-405.2(2);
 - (ii) is valid for four years;
 - (iii) is not subject to a request for license from another applicant under the provisions of Sections 26-8a-406 through 26-8a-409 during the four-year term, unless the applicant's license is revoked under Section 26-8a-504; and
 - (iv) is subject to supervision by the department under Sections 26-8a-503 and 26-8a-504.
- (3) Except as provided in Subsection 26-8a-405.3(4)(a), the provisions of Sections 26-8a-406 through 26-8a-409 do not apply to a license issued under this section.

Amended by Chapter 187, 2010 General Session

26-8a-405.2. Selection of provider -- Request for competitive sealed proposal -- Public convenience and necessity.

- (1) (a) A political subdivision may contract with an applicant approved under Section 26-8a-404 to provide services for the geographic service area that is approved by the department in accordance with Subsection (2), if:
 - (i) the political subdivision complies with the provisions of this section and Section 26-8a-405.3 if the contract is for 911 ambulance or paramedic services; or
 - (ii) the political subdivision complies with Sections 26-8a-405.3 and 26-8a-405.4, if the contract is for non-911 services.
- (b) (i) The provisions of this section and Sections 26-8a-405.1, 26-8a-405.3, and 26-8a-405.4 do not require a political subdivision to issue a request for proposal for ambulance or paramedic services or non-911 services.
- (ii) If a political subdivision does not contract with an applicant in accordance with this section and Section 26-8a-405.3, the provisions of Sections 26-8a-406 through 26-8a-409 apply to the issuance of a license for ambulance or paramedic services in the geographic service area that is within the boundaries of the political subdivision.
- (iii) If a political subdivision does not contract with an applicant in accordance with this section, Section 26-8a-405.3 and Section 26-8a-405.4, a license for the non-911 services in the geographic service area that is within the boundaries of the political subdivision may be issued:
 - (A) under the public convenience and necessity provisions of Sections 26-8a-406 through 26-8a-409; or
 - (B) by a request for proposal issued by the department under Section 26-8a-405.5.
- (c) (i) For purposes of this Subsection (1)(c):
 - (A) "Fire district" means a local district under Title 17B, Limited Purpose Local Government Entities - Local Districts, that:
 - (I) is located in a county of the first or second class; and
 - (II) provides fire protection, paramedic, and emergency services.
 - (B) "Participating municipality" means a city or town whose area is partly or entirely included within a county service area or fire district.

(C) "Participating county" means a county whose unincorporated area is partly or entirely included within a fire district.

(ii) A participating municipality or participating county may as provided in this section and Section 26-8a-405.3, contract with a provider for 911 ambulance or paramedic service.

(iii) If the participating municipality or participating county contracts with a provider for services under this section and Section 26-8a-405.3:

(A) the fire district is not obligated to provide the services that are included in the contract between the participating municipality or the participating county and the provider;

(B) the fire district may impose taxes and obligations within the fire district in the same manner as if the participating municipality or participating county were receiving all services offered by the fire district; and

(C) the participating municipality's and participating county's obligations to the fire district are not diminished.

(2) (a) The political subdivision shall submit the request for proposal and the exclusive geographic service area to be included in a request for proposal issued under Subsections (1)(a)(i) or (ii) to the department for approval prior to issuing the request for proposal. The department shall approve the request for proposal and the exclusive geographic service area:

(i) unless the geographic service area creates an orphaned area; and

(ii) in accordance with Subsections (2)(b) and (c).

(b) The exclusive geographic service area may:

(i) include the entire geographic service area that is within the political subdivision's boundaries;

(ii) include islands within or adjacent to other peripheral areas not included in the political subdivision that governs the geographic service area; or

(iii) exclude portions of the geographic service area within the political subdivision's boundaries if another political subdivision or licensed provider agrees to include the excluded area within their license.

(c) The proposed geographic service area for 911 ambulance or paramedic service shall demonstrate that non-911 ambulance or paramedic service will be provided in the geographic service area, either by the current provider, the applicant, or some other method acceptable to the department. The department may consider the effect of the proposed geographic service area on the costs to the non-911 provider and that provider's ability to provide only non-911 services in the proposed area.

Amended by Chapter 297, 2011 General Session

26-8a-405.3. Use of competitive sealed proposals -- Procedure -- Appeal rights.

(1) (a) Competitive sealed proposals for paramedic or 911 ambulance services under Section 26-8a-405.2, or for non-911 services under Section 26-8a-405.4, shall be solicited through a request for proposal and the provisions of this section.

(b) The governing body of the political subdivision shall approve the request for proposal prior to the notice of the request for proposals under Subsection (1)(c).

- (c) (i) Notice of the request for proposals shall be published:
 - (A) at least once a week for three consecutive weeks in a newspaper of general circulation published in the county; or
 - (B) if there is no such newspaper, then notice shall be posted for at least 20 days in at least five public places in the county; and
 - (ii) in accordance with Section 45-1-101 for at least 20 days.
- (2) (a) Proposals shall be opened so as to avoid disclosure of contents to competing offerors during the process of negotiations.
 - (b) (i) Subsequent to the published notice, and prior to selecting an applicant, the political subdivision shall hold a presubmission conference with interested applicants for the purpose of assuring full understanding of, and responsiveness to, solicitation requirements.
 - (ii) A political subdivision shall allow at least 90 days from the presubmission conference for the proposers to submit proposals.
- (c) Subsequent to the presubmission conference, the political subdivision may issue addenda to the request for proposals. An addenda to a request for proposal shall be finalized and posted by the political subdivision at least 45 days before the day on which the proposal must be submitted.
- (d) Offerors to the request for proposals shall be accorded fair and equal treatment with respect to any opportunity for discussion and revisions of proposals, and revisions may be permitted after submission and before a contract is awarded for the purpose of obtaining best and final offers.
- (e) In conducting discussions, there shall be no disclosures of any information derived from proposals submitted by competing offerors.
- (3) (a) (i) A political subdivision may select an applicant approved by the department under Section 26-8a-404 to provide 911 ambulance or paramedic services by contract to the most responsible offeror as defined in Section 63G-6a-103.
 - (ii) An award under Subsection (3)(a)(i) shall be made to the responsible offeror whose proposal is determined in writing to be the most advantageous to the political subdivision, taking into consideration price and the evaluation factors set forth in the request for proposal.
- (b) The applicants who are approved under Section 26-8a-405 and who are selected under this section may be the political subdivision issuing the request for competitive sealed proposals, or any other public entity or entities, any private person or entity, or any combination thereof.
- (c) A political subdivision may reject all of the competitive proposals.
- (4) In seeking competitive sealed proposals and awarding contracts under this section, a political subdivision:
 - (a) shall apply the public convenience and necessity factors listed in Subsections 26-8a-408(2) through (6);
 - (b) shall require the applicant responding to the proposal to disclose how the applicant will meet performance standards in the request for proposal;
 - (c) may not require or restrict an applicant to a certain method of meeting the performance standards, including:
 - (i) requiring ambulance medical personnel to also be a firefighter; or
 - (ii) mandating that offerors use fire stations or dispatch services of the political

subdivision;

(d) shall require an applicant to submit the proposal:

(i) based on full cost accounting in accordance with generally accepted accounting principals; and

(ii) if the applicant is a governmental entity, in addition to the requirements of Subsection (4)(e)(i), in accordance with generally accepted government auditing standards and in compliance with the State of Utah Legal Compliance Audit Guide; and

(e) shall set forth in the request for proposal:

(i) the method for determining full cost accounting in accordance with generally accepted accounting principles, and require an applicant to submit the proposal based on such full cost accounting principles;

(ii) guidelines established to further competition and provider accountability; and

(iii) a list of the factors that will be considered by the political subdivision in the award of the contract, including by percentage, the relative weight of the factors established under this Subsection (4)(e), which may include such things as:

(A) response times;

(B) staging locations;

(C) experience;

(D) quality of care; and

(E) cost, consistent with the cost accounting method in Subsection (4)(e)(i).

(5) (a) Notwithstanding any provision of Title 63G, Chapter 6a, Utah Procurement Code, to the contrary, the provisions of Title 63G, Chapter 6a, Utah Procurement Code, apply to the procurement process required by this section, except as provided in Subsection (5)(c).

(b) A procurement appeals panel described in Section 63G-6a-1702 shall have jurisdiction to review and determine an appeal of an offeror under this section.

(c) (i) An offeror may appeal the solicitation or award as provided by the political subdivision's procedures. After all political subdivision appeal rights are exhausted, the offeror may appeal under the provisions of Subsections (5)(a) and (b).

(ii) A procurement appeals panel described in Section 63G-6a-1702 shall determine whether the solicitation or award was made in accordance with the procedures set forth in this section and Section 26-8a-405.2.

(d) The determination of an issue of fact by the appeals board shall be final and conclusive unless arbitrary and capricious or clearly erroneous as provided in Section 63G-6a-1705.

Amended by Chapter 91, 2012 General Session

Amended by Chapter 347, 2012 General Session, (Coordination Clause)

Amended by Chapter 347, 2012 General Session

26-8a-405.4. Non-911 provider -- Finding of meritorious complaint -- Request for proposals.

(1) Notwithstanding Subsection 26-8a-102(17), for purposes of this section, political subdivision includes:

(a) a county of any class; and

(b) a city or town located in a county of any class.

- (2) (a) This section applies to a non-911 provider license under this chapter.
- (b) The department shall, in accordance with Subsections (4) and (5):
 - (i) receive a complaint about a non-911 provider;
 - (ii) determine whether the complaint has merit;
 - (iii) issue a finding of:
 - (A) a meritorious complaint; or
 - (B) a non-meritorious complaint; and
 - (iv) forward a finding of a meritorious complaint to the governing body of the political subdivision:
 - (A) in which the non-911 provider is licensed; or
 - (B) that provides the non-911 services, if different from Subsection (2)(b)(iv)(A).
- (3) (a) A political subdivision that receives a finding of a meritorious complaint from the department:
 - (i) shall take corrective action that the political subdivision determines is appropriate; and
 - (ii) shall, if the political subdivision determines corrective action will not resolve the complaint or is not appropriate:
 - (A) issue a request for proposal for non-911 service in the geographic service area if the political subdivision will not respond to the request for proposal; or
 - (B) (I) make a finding that a request for proposal for non-911 services is appropriate and the political subdivision intends to respond to a request for proposal; and
 - (II) submit the political subdivision's findings to the department with a request that the department issue a request for proposal in accordance with Section 26-8a-405.5.
- (b) (i) If Subsection (3)(a)(ii)(A) applies, the political subdivision shall issue the request for proposal in accordance with Sections 26-8a-405.1 through 26-8a-405.3.
- (ii) If Subsection (3)(a)(ii)(B) applies, the department shall issue a request for proposal for non-911 services in accordance with Section 26-8a-405.5.
- (4) The department shall make a determination under Subsection (2)(b) if:
 - (a) the department receives a written complaint from any of the following in the geographic service area:
 - (i) a hospital;
 - (ii) a health care facility;
 - (iii) a political subdivision; or
 - (iv) an individual; and
 - (b) the department determines, in accordance with Subsection (2)(b), that the complaint has merit.
- (5) (a) If the department receives a complaint under Subsection (2)(b), the department shall request a written response from the non-911 provider concerning the complaint.
- (b) The department shall make a determination under Subsection (2)(b) based on:
 - (i) the written response from the non-911 provider; and
 - (ii) other information that the department may have concerning the quality of service of the non-911 provider.

(c) (i) The department's determination under Subsection (2)(b) is not subject to an adjudicative proceeding under Title 63G, Chapter 4, Administrative Procedures Act.

(ii) The department shall adopt administrative rules in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to implement the provisions of Subsection (2)(b).

Enacted by Chapter 187, 2010 General Session

26-8a-405.5. Use of competitive sealed proposals -- Procedure -- Appeal rights.

(1) (a) The department shall issue a request for proposal for non-911 services in a geographic service area if the department receives a request from a political subdivision under Subsection 26-8a-405.4(3)(a)(ii)(B) to issue a request for proposal for non-911 services.

(b) Competitive sealed proposals for non-911 services under Subsection (1)(a) shall be solicited through a request for proposal and the provisions of this section.

(c) (i) Notice of the request for proposals shall be published:

(A) at least once a week for three consecutive weeks in a newspaper of general circulation published in the county; or

(B) if there is no such newspaper, then notice shall be posted for at least 20 days in at least five public places in the county; and

(ii) in accordance with Section 45-1-101 for at least 20 days.

(2) (a) Proposals shall be opened so as to avoid disclosure of contents to competing offerors during the process of negotiations.

(b) (i) Subsequent to the published notice, and prior to selecting an applicant, the department shall hold a presubmission conference with interested applicants for the purpose of assuring full understanding of, and responsiveness to, solicitation requirements.

(ii) The department shall allow at least 90 days from the presubmission conference for the proposers to submit proposals.

(c) Subsequent to the presubmission conference, the department may issue addenda to the request for proposals. An addenda to a request for proposal shall be finalized and posted by the department at least 45 days before the day on which the proposal must be submitted.

(d) Offerors to the request for proposals shall be accorded fair and equal treatment with respect to any opportunity for discussion and revisions of proposals, and revisions may be permitted after submission and before a contract is awarded for the purpose of obtaining best and final offers.

(e) In conducting discussions, there shall be no disclosures of any information derived from proposals submitted by competing offerors.

(3) (a) (i) The department may select an applicant approved by the department under Section 26-8a-404 to provide non-911 services by contract to the most responsible offeror as defined in Section 63G-6a-103.

(ii) An award under Subsection (3)(a)(i) shall be made to the responsible offeror whose proposal is determined in writing to be the most advantageous to the public, taking into consideration price and the evaluation factors set forth in the request for

proposal.

(b) The applicants who are approved under Section 26-8a-405 and who are selected under this section may be the political subdivision responding to the request for competitive sealed proposals, or any other public entity or entities, any private person or entity, or any combination thereof.

(c) The department may reject all of the competitive proposals.

(4) In seeking competitive sealed proposals and awarding contracts under this section, the department:

(a) shall consider the public convenience and necessity factors listed in Subsections 26-8a-408(2) through (6);

(b) shall require the applicant responding to the proposal to disclose how the applicant will meet performance standards in the request for proposal;

(c) may not require or restrict an applicant to a certain method of meeting the performance standards, including:

(i) requiring ambulance medical personnel to also be a firefighter; or

(ii) mandating that offerors use fire stations or dispatch services of the political subdivision;

(d) shall require an applicant to submit the proposal:

(i) based on full cost accounting in accordance with generally accepted accounting principals; and

(ii) if the applicant is a governmental entity, in addition to the requirements of Subsection (4)(e)(i), in accordance with generally accepted government auditing standards and in compliance with the State of Utah Legal Compliance Audit Guide; and

(e) shall set forth in the request for proposal:

(i) the method for determining full cost accounting in accordance with generally accepted accounting principles, and require an applicant to submit the proposal based on such full cost accounting principles;

(ii) guidelines established to further competition and provider accountability; and

(iii) a list of the factors that will be considered by the department in the award of the contract, including by percentage, the relative weight of the factors established under this Subsection (4)(e), which may include such things as:

(A) response times;

(B) staging locations;

(C) experience;

(D) quality of care; and

(E) cost, consistent with the cost accounting method in Subsection (4)(e)(i).

(5) A license issued under this section:

(a) is for the exclusive geographic service area approved by the department;

(b) is valid for four years;

(c) is not subject to a request for license from another applicant under the provisions of Sections 26-8a-406 through 26-8a-409 during the four-year term, unless the applicant's license is revoked under Section 26-8a-504;

(d) is subject to supervision by the department under Sections 26-8a-503 and 26-8a-504; and

(e) except as provided in Subsection (4)(a), is not subject to the provisions of Sections 26-8a-406 through 26-8a-409.

Amended by Chapter 347, 2012 General Session

26-8a-406. Ground ambulance and paramedic licenses -- Parties.

(1) When an applicant approved under Section 26-8a-404 seeks licensure under the provisions of Sections 26-8a-406 through 26-8a-409, the department shall:

(a) issue a notice of agency action to the applicant to commence an informal administrative proceeding;

(b) provide notice of the application to all interested parties; and

(c) publish notice of the application, at the applicant's expense:

(i) once a week for four consecutive weeks, in a newspaper of general circulation in the geographic service area that is the subject of the application; and
(ii) in accordance with Section 45-1-101 for four weeks.

(2) An interested party has 30 days to object to an application.

(3) If an interested party objects, the presiding officer shall join the interested party as an indispensable party to the proceeding.

(4) The department may join the proceeding as a party to represent the public interest.

(5) Others who may be affected by the grant of a license to the applicant may join the proceeding, if the presiding officer determines that they meet the requirement of legal standing.

Amended by Chapter 297, 2011 General Session

26-8a-407. Ground ambulance and paramedic licenses -- Proceedings.

(1) The presiding officer shall:

(a) commence an informal adjudicative proceeding within 120 days of receiving a completed application;

(b) meet with the applicant and objecting interested parties and provide no less than 120 days for a negotiated resolution, consistent with the criteria in Section 26-8a-408;

(c) set aside a separate time during the proceedings to accept public comment on the application; and

(d) present a written decision to the executive director if a resolution has been reached that satisfies the criteria in Section 26-8a-408.

(2) At any time during an informal adjudicative proceeding under Subsection (1), any party may request conversion of the informal adjudicative proceeding to a formal adjudicative proceeding in accordance with Section 63G-4-202.

(3) Upon conversion to a formal adjudicative proceeding, a hearing officer shall be assigned to the application as provided in Section 26-8a-409. The hearing officer shall:

(a) set aside a separate time during the proceedings to accept public comment on the application;

(b) apply the criteria established in Section 26-8a-408; and

(c) present a recommended decision to the executive director in writing.

(4) The executive director may, as set forth in a final written order, accept,

modify, reject, or remand the decision of a presiding or hearing officer after:

- (a) reviewing the record;
- (b) giving due deference to the officer's decision; and
- (c) determining whether the criteria in Section 26-8a-408 have been satisfied.

Amended by Chapter 382, 2008 General Session

26-8a-408. Criteria for determining public convenience and necessity.

(1) The criteria for determining public convenience and necessity is set forth in Subsections (2) through (6).

(2) Access to emergency medical services shall be maintained or improved. The officer shall consider the impact on existing services, including the impact on response times, call volumes, populations and exclusive geographic service areas served, and the ability of surrounding licensed providers to service their exclusive geographic service areas. The issuance or amendment of a license may not create an orphaned area.

(3) The quality of service in the area shall be maintained or improved. The officer shall consider the:

- (a) staffing and equipment standards of the current licensed provider and the applicant;
- (b) training and certification levels of the current licensed provider's staff and the applicant's staff;
- (c) continuing medical education provided by the current licensed provider and the applicant;
- (d) levels of care as defined by department rule;
- (e) plan of medical control; and
- (f) the negative or beneficial impact on the regional emergency medical service system to provide service to the public.

(4) The cost to the public shall be justified. The officer shall consider:

- (a) the financial solvency of the applicant;
- (b) the applicant's ability to provide services within the rates established under Section 26-8a-403;
- (c) the applicant's ability to comply with cost reporting requirements;
- (d) the cost efficiency of the applicant; and
- (e) the cost effect of the application on the public, interested parties, and the emergency medical services system.

(5) Local desires concerning cost, quality, and access shall be considered. The officer shall assess and consider:

- (a) the existing provider's record of providing services and the applicant's record and ability to provide similar or improved services;
- (b) locally established emergency medical services goals, including those established in Subsection (7);
- (c) comment by local governments on the applicant's business and operations plans;
- (d) comment by interested parties that are providers on the impact of the application on the parties' ability to provide emergency medical services;

(e) comment by interested parties that are local governments on the impact of the application on the citizens it represents; and

(f) public comment on any aspect of the application or proposed license.

(6) Other related criteria:

(a) the officer considers necessary; or

(b) established by department rule.

(7) The role of local governments in the licensing of ground ambulance and paramedic providers that serve areas also served by the local governments is important. The Legislature strongly encourages local governments to establish cost, quality, and access goals for the ground ambulance and paramedic services that serve their areas.

(8) In a formal adjudicative proceeding, the applicant bears the burden of establishing that public convenience and necessity require the approval of the application for all or part of the exclusive geographic service area requested.

Amended by Chapter 297, 2011 General Session

26-8a-409. Ground ambulance and paramedic licenses -- Hearing and presiding officers.

(1) The department shall set certification and training standards for hearing officers and presiding officers.

(2) At a minimum, a presiding officer shall:

(a) be familiar with the theory and application of public convenience and necessity; and

(b) have a working knowledge of the emergency medical service system in the state.

(3) In addition to the requirements in Subsection (2), a hearing officer shall also be licensed to practice law in the state.

(4) The department shall provide training for hearing officer and presiding officer candidates in the theory and application of public convenience and necessity and on the emergency medical system in the state.

(5) The department shall maintain a roster of no less than five individuals who meet the minimum qualifications for both presiding and hearing officers and the standards set by the department.

(6) The parties may mutually select an officer from the roster if the officer is available.

(7) If the parties cannot agree upon an officer under Subsection (4), the department shall randomly select an officer from the roster or from a smaller group of the roster agreed upon by the applicant and the objecting interested parties.

Enacted by Chapter 141, 1999 General Session

26-8a-410. Local approvals.

(1) Licensed ambulance providers and paramedic providers shall meet all local zoning and business licensing standards generally applicable to businesses operating within the jurisdiction.

(2) Publicly subsidized providers shall demonstrate approval of the taxing authority that will provide the subsidy.

(3) A publicly operated service shall demonstrate that the governing body has approved the provision of services to the entire exclusive geographic service area that is the subject of the license, including those areas that may lie outside the territorial or jurisdictional boundaries of the governing body.

Amended by Chapter 297, 2011 General Session

26-8a-411. Limitation on repetitive applications.

A person who has previously applied for a license under Sections 26-8a-406 through 26-8a-409 may not apply for a license for the same service that covers any exclusive geographic service area that was the subject of the prior application unless:

(1) one year has passed from the date of the issuance of a final decision under Section 26-8a-407; or

(2) all interested parties and the department agree that a new application is in the public interest.

Amended by Chapter 213, 2003 General Session

26-8a-412. License for air ambulance providers.

(1) An applicant for an air ambulance provider shall apply to the department for a license only by:

- (a) submitting a complete application;
- (b) providing information in the format required by the department; and
- (c) paying the required fees.

(2) The department may make rules establishing minimum qualifications and requirements for:

- (a) personnel;
- (b) capital reserves;
- (c) equipment;
- (d) business plan;
- (e) operational procedures;
- (f) resource hospital and medical direction agreements;
- (g) management and control qualifications and requirements; and
- (h) other matters that may be relevant to an applicant's ability to provide air ambulance services.

(3) Upon receiving a completed application and the required fees, the department shall review the application and determine whether the application meets the minimum requirements for licensure.

(4) The department may deny an application for an air ambulance if:

- (a) the department finds that the application contains any materially false or misleading information or is incomplete;
- (b) the application demonstrates that the applicant fails to meet the minimum requirements for licensure; or
- (c) the department finds after inspection that the applicant does not meet the

minimum requirements for licensure.

(5) If the department denies an application under this section, it shall notify the applicant in writing setting forth the grounds for the denial.

Enacted by Chapter 141, 1999 General Session

26-8a-413. License renewals.

(1) A licensed provider desiring to renew its license shall meet the renewal requirements established by department rule.

(2) The department shall issue a renewal license for a ground ambulance provider or a paramedic provider upon the licensee's application for a renewal and without a public hearing if there has been:

(a) no change in controlling interest in the ownership of the licensee as defined in Section 26-8a-415;

(b) no serious, substantiated public complaints filed with the department against the licensee during the term of the previous license;

(c) no material or substantial change in the basis upon which the license was originally granted;

(d) no reasoned objection from the committee or the department; and

(e) if the applicant was licensed under the provisions of Sections 26-8a-406 through 26-8a-409, no conflicting license application.

(3) (a) (i) The provisions of this Subsection (3) apply to a provider licensed under the provisions of Sections 26-8a-405.1 and 26-8a-405.2.

(ii) A provider may renew its license if the provisions of Subsections (1), (2)(a) through (d), and this Subsection (3) are met.

(b) (i) The department shall issue a renewal license to a provider upon the provider's application for renewal for one additional four-year term if the political subdivision certifies to the department that the provider has met all of the specifications of the original bid.

(ii) If the political subdivision does not certify to the department that the provider has met all of the specifications of the original bid, the department may not issue a renewal license and the political subdivision shall enter into a public bid process under Sections 26-8a-405.1 and 26-8a-405.2.

(c) (i) The department shall issue an additional renewal license to a provider who has already been issued a one-time renewal license under the provisions of Subsection (3)(b)(i) if the department and the political subdivision do not receive, prior to the expiration of the provider's license, written notice from an approved applicant informing the political subdivision of the approved applicant's desire to submit a bid for ambulance or paramedic service.

(ii) If the department and the political subdivision receive the notice in accordance with Subsection (3)(c)(i), the department may not issue a renewal license and the political subdivision shall enter into a public bid process under Sections 26-8a-405.1 and 26-8a-405.2.

(4) The department shall issue a renewal license for an air ambulance provider upon the licensee's application for renewal and completion of the renewal requirements established by department rule.

Amended by Chapter 297, 2011 General Session

26-8a-414. Annexations.

(1) A municipality shall comply with the provisions of this section if the municipality is licensed under this chapter and desires to provide service to an area that is:

(a) included in a petition for annexation under Title 10, Chapter 2, Part 4, Annexation; and

(b) currently serviced by another provider licensed under this chapter.

(2) (a) (i) At least 45 days prior to approving a petition for annexation, the municipality shall certify to the department that by the time of the approval of the annexation the municipality can meet or exceed the current level of service provided by the existing licensee for the annexed area by meeting the requirements of Subsections (2)(b)(ii)(A) through (D); and

(ii) no later than three business days after the municipality files a petition for annexation in accordance with Section 10-2-403, provide written notice of the petition for annexation to:

(A) the existing licensee providing service to the area included in the petition of annexation; and

(B) the department.

(b) (i) After receiving a certification under Subsection (2)(a), but prior to the municipality approving a petition for annexation, the department may audit the municipality only to verify the requirements of Subsections (2)(b)(ii)(A) through (D).

(ii) If the department elects to conduct an audit, the department shall make a finding that the municipality can meet or exceed the current level of service provided by the existing licensee for the annexed area if the department finds that the municipality has or will have by the time of the approval of the annexation:

(A) adequate trained personnel to deliver basic and advanced life support services;

(B) adequate apparatus and equipment to deliver emergency medical services;

(C) adequate funding for personnel and equipment; and

(D) appropriate medical controls, such as a medical director and base hospital.

(iii) The department shall submit the results of the audit in writing to the municipal legislative body.

(3) (a) If the department audit finds that the municipality meets the requirements of Subsection (2)(b)(ii), the department shall issue an amended license to the municipality and all other affected licensees to reflect the municipality's new boundaries after the department receives notice of the approval of the petition for annexation from the municipality in accordance with Section 10-2-425.

(b) (i) Notwithstanding the provisions of Subsection 63G-4-102(2)(k), if the department audit finds that the municipality fails to meet the requirements of Subsection (2)(b)(ii), the municipality may request an adjudicative proceeding under the provisions of Title 63G, Chapter 4, Administrative Procedures Act. The municipality may approve the petition for annexation while an adjudicative proceeding requested under this Subsection (3)(b)(i) is pending.

(ii) The department shall conduct an adjudicative proceeding when requested under Subsection (3)(b)(i).

(iii) Notwithstanding the provisions of Sections 26-8a-404 through 26-8a-409, in any adjudicative proceeding held under the provisions of Subsection (3)(b)(i), the department bears the burden of establishing that the municipality cannot, by the time of the approval of the annexation, meet the requirements of Subsection (2)(b)(ii).

(c) If, at the time of the approval of the annexation, an adjudicative proceeding is pending under the provisions of Subsection (3)(b)(i), the department shall issue amended licenses if the municipality prevails in the adjudicative proceeding.

Amended by Chapter 382, 2008 General Session

26-8a-415. Changes in ownership.

(1) A licensed provider whose ownership or controlling ownership interest has changed shall submit information to the department, as required by department rule:

(a) to establish whether the new owner or new controlling party meets minimum requirements for licensure; and

(b) except as provided in Subsection (2), to commence an administrative proceeding to determine whether the new owner meets the requirement of public convenience and necessity under Section 26-8a-408.

(2) An administrative proceeding is not required under Subsection (1)(b) if:

(a) the change in ownership interest is among existing owners of a closely held corporation and the change does not result in a change in the management of the licensee or in the name of the licensee;

(b) the change in ownership in a closely held corporation results in the introduction of new owners, provided that:

(i) the new owners are limited to individuals who would be entitled to the equity in the closely held corporation by the laws of intestate succession had the transferor died intestate at the time of the transfer;

(ii) the majority owners on January 1, 1999, have been disclosed to the department by October 1, 1999, and the majority owners on January 1, 1999, retain a majority interest in the closely held corporation; and

(iii) the name of the licensed provider remains the same;

(c) the change in ownership is the result of one or more owners transferring their interests to a trust, limited liability company, partnership, or closely held corporation so long as the transferors retain control over the receiving entity;

(d) the change in ownership is the result of a distribution of an estate or a trust upon the death of the testator or the trustor and the recipients are limited to individuals who would be entitled to the interest by the laws of intestate succession had the transferor died intestate at the time of the transfer; or

(e) other similar changes that the department establishes, by rule, as having no significant impact on the cost, quality, or access to emergency medical services.

Enacted by Chapter 141, 1999 General Session

26-8a-416. Transition to eliminate inconsistent licenses.

(1) By May 30, 2000, the department shall review all licenses in effect on October 2, 1999, to identify overlap, as defined in department rule, in the service areas of two or more licensed providers.

(2) By June 30, 2000, the department shall notify all licensed providers affected by an overlap. By September 30, 2000, the department shall schedule, by order, a deadline to resolve each overlap, considering the effects on the licensed providers and the areas to be addressed.

(3) For each overlap, the department shall meet with the affected licensed providers and provide 120 days for a negotiated resolution, consistent with the criteria in Section 26-8a-408.

(4) (a) If a resolution is reached under Subsection (2) that the department finds satisfies the criteria in Section 26-8a-408, the department shall amend the licenses to reflect the resolution consistent with Subsection (6).

(b) If a resolution is not reached under Subsection (2), the department or any of the licensed providers involved in the matter may request the commencement of a formal adjudicative proceeding to resolve the overlap.

(5) The department shall commence adjudicative proceedings for any overlap that is not resolved by July 1, 2003.

(6) Notwithstanding the exclusive geographic service requirement of Section 26-8a-402, the department may amend one or more licenses after a resolution is reached or an adjudicative proceeding has been held to allow:

- (a) a single licensed provider to serve all or part of the overlap area;
- (b) more than one licensed provider to serve the overlap area;
- (c) licensed providers to provide different types of service in the overlap area; or
- (d) licenses that recognize service arrangements that existed on September 30, 1999.

(7) Notwithstanding Subsection (6), any license for an overlap area terminates upon:

- (a) relinquishment by the provider; or
- (b) revocation by the department.

Enacted by Chapter 141, 1999 General Session

26-8a-501. Discrimination.

(1) No person licensed, certified, or designated pursuant to this chapter may discriminate in the provision of emergency medical services on the basis of race, sex, color, creed, or prior inquiry as to ability to pay.

(2) This chapter does not authorize or require medical assistance or transportation over the objection of an individual on religious grounds.

Enacted by Chapter 141, 1999 General Session

26-8a-502. Illegal activity.

(1) Except as provided in Section 26-8a-308 or 26-8b-201, a person may not:

- (a) practice or engage in the practice, represent himself to be practicing or engaging in the practice, or attempt to practice or engage in the practice of any activity

that requires a license, certification, or designation under this chapter unless that person is so licensed, certified, or designated; or

(b) offer an emergency medical service that requires a license, certificate, or designation unless the person is so licensed, certified, or designated.

(2) A person may not advertise or hold himself out as one holding a license, certification, or designation required under this chapter, unless that person holds the license, certification, or designation.

(3) A person may not employ or permit any employee to perform any service for which a license or certificate is required by this chapter, unless the person performing the service possesses the required license or certificate.

(4) A person may not wear, display, sell, reproduce, or otherwise use any Utah Emergency Medical Services insignia without authorization from the department.

(5) A person may not reproduce or otherwise use materials developed by the department for certification or recertification testing or examination without authorization from the department.

(6) A person may not willfully summon an ambulance or emergency response vehicle or report that one is needed when such person knows that the ambulance or emergency response vehicle is not needed.

(7) A person who violates this section is subject to Section 26-23-6.

Amended by Chapter 22, 2009 General Session

26-8a-503. Discipline of emergency medical services personnel.

(1) The department may refuse to issue a certificate or renewal, or revoke, suspend, restrict, or place on probation an individual's certificate if:

(a) the individual does not meet the qualifications for certification under Section 26-8a-302;

(b) the individual has engaged in conduct, as defined by committee rule, that:

(i) is unprofessional;

(ii) is adverse to the public health, safety, morals, or welfare; or

(iii) would adversely affect public trust in the emergency medical service system;

(c) the individual has violated Section 26-8a-502 or other provision of this chapter;

(d) a court of competent jurisdiction has determined the individual to be mentally incompetent for any reason; or

(e) the individual is unable to provide emergency medical services with reasonable skill and safety because of illness, drunkenness, use of drugs, narcotics, chemicals, or any other type of material, or as a result of any other mental or physical condition, when the individual's condition demonstrates a clear and unjustifiable threat or potential threat to oneself, coworkers, or the public health, safety, or welfare that cannot be reasonably mitigated.

(2) (a) An action to revoke, suspend, restrict, or place a certificate on probation shall be done in accordance with Title 63G, Chapter 4, Administrative Procedures Act.

(b) Notwithstanding Subsection (2)(a), the department may issue a cease and desist order under Section 26-8a-507 to immediately suspend an individual's certificate pending an administrative proceeding to be held within 30 days if there is evidence to

show that the individual poses a clear, immediate, and unjustifiable threat or potential threat to the public health, safety, or welfare.

(3) An individual whose certificate has been suspended, revoked, or restricted may apply for reinstatement of the certificate at reasonable intervals and upon compliance with any conditions imposed upon the certificate by statute, committee rule, or the terms of the suspension, revocation, or restriction.

(4) In addition to taking disciplinary action under Subsection (1), the department may impose sanctions in accordance with Section 26-23-6.

Amended by Chapter 382, 2008 General Session

26-8a-504. Discipline of designated and licensed providers.

(1) The department may refuse to issue a license or designation or a renewal, or revoke, suspend, restrict, or place on probation, an emergency medical service provider's license or designation if the provider has:

- (a) failed to abide by terms of the license or designation;
- (b) violated statute or rule;
- (c) failed to provide services at the level or in the exclusive geographic service area required by the license or designation;
- (d) failed to submit a renewal application in a timely fashion as required by department rule;
- (e) failed to follow operational standards established by the committee; or
- (f) committed an act in the performance of a professional duty that endangered the public or constituted gross negligence.

(2) (a) An action to revoke, suspend, restrict, or place a license or designation on probation shall be done in accordance with Title 63G, Chapter 4, Administrative Procedures Act.

(b) Notwithstanding Subsection (2)(a), the department may issue a cease and desist order under Section 26-8a-507 to immediately suspend a license or designation pending an administrative proceeding to be held within 30 days if there is evidence to show that the provider or facility poses a clear, immediate, and unjustifiable threat or potential threat to the public health, safety, or welfare.

(3) In addition to taking disciplinary action under Subsection (1), the department may impose sanctions in accordance with Section 26-23-6.

Amended by Chapter 382, 2008 General Session

26-8a-505. Service interruption or cessation -- Receivership -- Default coverage -- Notice.

(1) Acting in the public interest, the department may petition the district court where an ambulance or paramedic provider operates or the district court with jurisdiction in Salt Lake County to appoint the department or an independent receiver to continue the operations of a provider upon any one of the following conditions:

- (a) the provider ceases or intends to cease operations;
- (b) the provider becomes insolvent;
- (c) the department has initiated proceedings to revoke the provider's license and

has determined that the lives, health, safety, or welfare of the population served within the provider's exclusive geographic service area are endangered because of the provider's action or inaction pending a full hearing on the license revocation; or

(d) the department has revoked the provider's license and has been unable to adequately arrange for another provider to take over the provider's exclusive geographic service area.

(2) If a licensed or designated provider ceases operations or is otherwise unable to provide services, the department may arrange for another licensed provider to provide services on a temporary basis until a license is issued.

(3) A licensed provider shall give the department 30 days notice of its intent to cease operations.

Enacted by Chapter 141, 1999 General Session

26-8a-506. Investigations for enforcement of chapter.

(1) The department may, for the purpose of ascertaining compliance with the provisions of this chapter, enter and inspect on a routine basis the business premises and equipment of a person:

(a) with a certificate, designation, permit, or license; or

(b) who holds himself out to the general public as providing a service for which a certificate, designation, permit, or license is required under Section 26-8a-301.

(2) Before conducting an inspection under Subsection (1), the department shall, after identifying the person in charge:

(a) give proper identification;

(b) describe the nature and purpose of the inspection; and

(c) if necessary, explain the authority of the department to conduct the inspection.

(3) In conducting an inspection under Subsection (1), the department may, after meeting the requirements of Subsection (2):

(a) inspect records, equipment, and vehicles; and

(b) interview personnel.

(4) An inspection conducted under Subsection (1) shall be during regular operational hours.

Enacted by Chapter 141, 1999 General Session

26-8a-507. Cease and desist orders.

The department may issue a cease and desist order to any person who:

(1) may be disciplined under Section 26-8a-503 or 26-8a-504; or

(2) otherwise violates this chapter or any rules adopted under this chapter.

Enacted by Chapter 141, 1999 General Session

26-8a-601. Persons and activities exempt from civil liability.

(1) (a) Except as provided in Subsection (1)(b), a licensed physician, physician's assistant, or licensed registered nurse who, gratuitously and in good faith, gives oral or

written instructions to any of the following is not liable for any civil damages as a result of issuing the instructions:

- (i) an individual certified under Section 26-8a-302;
- (ii) a person who uses a fully automated external defibrillator, as defined in Section 26-8b-102; or
- (iii) a person who administers CPR, as defined in Section 26-8b-102.

(b) The liability protection described in Subsection (1)(a) does not apply if the instructions given were the result of gross negligence or willful misconduct.

(2) An individual certified under Section 26-8a-302, during either training or after certification, a licensed physician, physician's assistant, or a registered nurse who, gratuitously and in good faith, provides emergency medical instructions or renders emergency medical care authorized by this chapter is not liable for any civil damages as a result of any act or omission in providing the emergency medical instructions or medical care, unless the act or omission is the result of gross negligence or willful misconduct.

(3) An individual certified under Section 26-8a-302 is not subject to civil liability for failure to obtain consent in rendering emergency medical services authorized by this chapter to any individual who is unable to give his consent, regardless of the individual's age, where there is no other person present legally authorized to consent to emergency medical care, provided that the certified individual acted in good faith.

(4) A principal, agent, contractor, employee, or representative of an agency, organization, institution, corporation, or entity of state or local government that sponsors, authorizes, supports, finances, or supervises any functions of an individual certified under Section 26-8a-302 is not liable for any civil damages for any act or omission in connection with such sponsorship, authorization, support, finance, or supervision of the certified individual where the act or omission occurs in connection with the certified individual's training or occurs outside a hospital where the life of a patient is in immediate danger, unless the act or omission is inconsistent with the training of the certified individual, and unless the act or omission is the result of gross negligence or willful misconduct.

(5) A physician who gratuitously and in good faith arranges for, requests, recommends, or initiates the transfer of a patient from a hospital to a critical care unit in another hospital is not liable for any civil damages as a result of such transfer where:

(a) sound medical judgment indicates that the patient's medical condition is beyond the care capability of the transferring hospital or the medical community in which that hospital is located; and

(b) the physician has secured an agreement from the receiving facility to accept and render necessary treatment to the patient.

(6) A person who is a registered member of the National Ski Patrol System (NSPS) or a member of a ski patrol who has completed a course in winter emergency care offered by the NSPS combined with CPR for medical technicians offered by the American Red Cross or American Heart Association, or an equivalent course of instruction, and who in good faith renders emergency care in the course of ski patrol duties is not liable for civil damages as a result of any act or omission in rendering the emergency care, unless the act or omission is the result of gross negligence or willful misconduct.

(7) An emergency medical service provider who, in good faith, transports an individual against his will but at the direction of a law enforcement officer pursuant to Section 62A-15-629 is not liable for civil damages for transporting the individual.

Amended by Chapter 22, 2009 General Session